

**County of Los Angeles - Department of Mental Health**

**Quality Improvement Work Plan Implementation Status Report  
For FY 2010-2011 and 2011-2012  
January 2013**

**Prepared by: Program Support Bureau, Quality Improvement Division**

**NAME OF REPORT:**

**PATIENTS' RIGHTS OFFICE (PRO) OUTPATIENT REQUESTS FOR CHANGE OF PROVIDER**

**QI IMPLEMENTATION STATUS REPORT**

The California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440 (a) (5) requires that the MHP demonstrate a QI Work Plan that includes goals and monitoring activities to ensure beneficiary satisfaction. One aspect of this monitoring activity is the annual review of requests for changing person providing services. Whenever feasible and at the request of the beneficiary, the MHP needs to provide an opportunity to change persons providing the Specialty Mental Health Services (SMHS), including the right to culture-specific providers. The QI Division works closely with the PRO to evaluate effectiveness of the processes involved in requesting a change of provider.

The LACDMH has established policies and procedures including the Beneficiary Problem Resolution Process, 202.29; and Request for Change of Provider, 200.02. Policy 200.02, Request for Change of Provider, provides a formal process for clients to request a change in provider that specifies timelines for providers to respond to the request, and procedures to follow when reporting such requests to the Patients' Rights Office (PRO).

Improvements have been realized in the following areas:

- Beneficiary/client shall receive a copy of the "Request for Change of Provider" form signed by clinic staff as a receipt.
- Reporting codes that identify the client's reason (s) for Request for a Change of Provider (RCP) have been added for statistical analysis.

**Summary of Findings** (the following is from data that was received 7/25/2011 and 10/22/2012 from the PRO Office:)

**TABLE 1: OUTPATIENT RCP GRIEVANCES: FOUR YEAR TREND  
FY 08-09 TO FY 11-12**

	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>	<b>FY 11-12</b>
<b>RCP Grievances</b>	13	2	3	6
Percent	3.1%	0.4%	0.5%	0.8%
<b>RCP Total</b>	426	527	635	738

Table 1 shows that of the total RCP of 738 in FY 11-12, out of which 6 went to a formal Grievance. In FY 10-11 of 635, 3 went to a formal Grievance. The total number of outpatient RCP's increased from 426 in FY 08-09 to 527 FY 09-10, to 635 in FY 10-11 and to 738 in FY 11-12. This increase is primarily due to increased submission of required reports by providers.

**TABLE 2: QUARTERLY OUTPATIENT RCP: FOUR YEAR TREND  
FY 08-09 TO FY 11-12**

Quarter	FY 08-09	FY 09-10	FY 10-11	FY 11-12
<b>1<sup>st</sup> Quarter</b>	65	122	174	170
Percent	15.3%	23.1%	27.4%	23.0%
<b>2<sup>nd</sup> Quarter</b>	65	98	135	175
Percent	15.3%	18.6%	21.3%	23.7%
<b>3<sup>rd</sup> Quarter</b>	132	151	169	212
Percent	31.0%	28.7%	26.6%	28.7%
<b>4<sup>th</sup> Quarter</b>	164	156	157	181
Percent	38.5%	29.6%	24.7%	24.5%
<b>Total</b>	426	527	635	738
Percent	100.0%	100.0%	100.0%	100.0%

Table 2 shows total RCP Grievances by Quarter and shows a trend of increased reporting by providers during the above four reporting years.

**TABLE 3: PROVIDERS' QUARTERLY OUTPATIENT RCP LOG REPORTS  
FY 09-10 TO FY 11-12**

	FY 09-10				FY 10-11				FY 11-12			
	Quarters				Quarters				Quarters			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Providers' RCP Log Reports</b>	122	98	151	156	247	236	222	223	252	246	248	244
Percent	37.9%	30.4%	46.9%	48.4%	64.2%	61.3%	57.7%	57.9%	59.2%	57.7%	58.2%	57.3%
<b>Total Providers</b>	322	322	322	322	385	385	385	385	426	426	426	426

Table 3 shows that in FY 09-10 the Fourth Quarter had the highest RCP Logs submitted by providers. In FY 10-11 and FY 11-12 the First Quarter had the highest RCP Logs submitted by providers. Between FY 09-10 and FY 10-11 there was a 15.6% increase in RCP logs submitted. Between FY 10-11 and FY 11-12 there was a 4.9% decline in RCP logs submitted.

**TABLE 4: PROVIDERS' QUARTERLY OUTPATIENT RCP LOG REPORTS  
FY 09-10 TO FY 11-12**

	FY 09-10	FY 10-11	FY 11-12
<b>Providers' RCP Log Reports</b>	156	247	252
Percent	48.4%	64.2%	59.2%
<b>Total Providers</b>	322	385	426

Table 4 shows that overall RCP log submission rate increased by 10.8% from 48.4% in FY 09-10 to 59.2% in FY 11-12.

**TABLE 5: OUTPATIENT RCP REASONS BY  
PERCENT APPROVED AND RANK ORDER  
FY 10-11 TO FY 11-12**

Reason*	FY 2010 - 2011			FY 2011 - 2012		
	Number of Requests	Percent Approved	Rank Order	Number of Requests	Percent Approved	Rank Order
Not A Good Match	200	83.00%	1	263	90.11%	1
Uncomfortable	172	87.79%	2	221	86.69%	2
Treatment Concerns	124	90.32%	3	154	89.61%	4
Other	118	89.83%	4	151	82.78%	5
Does Not Understand Me	104	78.85%	5	173	89.02%	3
Lack of Assistance	97	88.66%	6	134	88.06%	6
Insensitive/Unsympathetic	89	87.64%	7	125	88.00%	7
Medication Concerns	84	86.90%	8	107	92.52%	8
Gender	64	91.19%	9	83	87.95%	10
Not Professional	64	82.81%	10	99	88.89%	9
No Reason Given	57	80.70%	11	69	78.26%	11
Language	55	92.73%	12	54	92.59%	12
Time/Schedule	47	91.49%	13	48	91.67%	14
Want Previous Provider	29	86.21%	14	35	74.29%	15
Want 2 <sup>nd</sup> Opinion	27	85.19%	15	49	85.71%	13
Age	19	78.95%	16	18	83.33%	16
Treating Family Member	5	100.00%	17	18	94.44%	16
<b>Total</b>	<b>1,355</b>			<b>1,801</b>		

\*Sorted by Number of Requests in FY 10-11.  
Data Source: LACDMH Patients' Rights Office.

Table 5 shows that the most common reason for a RCP is "Not a Good Match" which comprised 200 requests in 2010-11 and 263 requests in 2011-12. The least common request was "Treating a Family Member" which comprised 5 requests in 2010-11 and 18 in 2011-12.

The most approved reason for a RCP in FY 2010-2011 at 100% and FY 2011-12 at 94.4% was "Treating a Family Member."

**Actions Requested/Needed**

1. QI will continue to work with PRO to secure an electronic system of data collection to track and analyze RCP information.
2. The revised policy and procedure 200.02 enabling providers to email RCP logs to PRO may have contributed to the noticeable improvement in the submission of RCP Logs. This rate of improvement will continue to be monitored in FY 12-13 consistent with the QI Work Plan Goals.
3. Continue to provide this report to the Service Area Quality Improvement Committees for their distribution and action as appropriate.